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### COMPRES HEATTREACTIONS

- This report is not required from small businesses.
- 2. This report is not required for commercial items for which a commercial plan has been approved, nor from large businesses in the Department of Defense (DOD) Test Program for Negotiation of Comprehensive Subcontracting Plans. The Summary Subcontract Report (SF 295) is required for contractors operating under one of these two conditions and should be submitted to the Government in accordance with the (astructions on that form.
- 3. This form collects subcontract award data from prime contractors/subcontractors that: (a) hold one or more contracts over \$500,000 (over \$1,000,000 for construction of a public facility); and (b) are required to report subcontracts ewerded to Small Business (SB), Small Disadvantaged Business (SD9), Women-Owned Small Business (WOSB), HUBZone Small Business (HUBZone SB), Veteran-Owned Small Business (VOSB) and Service-Disabled Veteran-Owned Small Business concerns under a subcontracting plan. For the Department of Defense (DOD), the National Aeronautics and Space Administration (NASA), and the Coast Guard, this form also collects subcontract award data for Historically Black Colleges and Universities (HBCUs) and Minority Institutions (MIs).
- 4. This report is required for each contract containing a subcontracting plan and must be submitted to the administrative contracting officer (ACO) or contracting officer if no ACO is assigned, semi-annually during contract performance for the periods ended March 31st and September 30th. A separate report is required for each contract contract completion. Reports are due 30 days after the close of each reporting period unless otherwise directed by the contracting officer. Reports are required when then, regardless of whether there has been say subcontracting activity above the inception of the contract or since the previous report.
- Only subcontracts involving performance in the U.S. or its outlying areas should be included in this report.
- 8. Purchases from a corporation, company, or subdivision that is an affiliate of the prime/subcontractor are  $\underline{not}$  included in this report.
- Subcontract award data reported on this form by prime contractors/subcontractors shall be limited to awards made to their immediate subcontractors. Credit <u>operant</u> be taken for ewards made to lower the subcontractors.

### SPECIFIC INSTRUCTIONS

- BLOCK 2: For the Contractor Identification Number, enter the nine-digit Data Universal Numbering System (DUNS) number that identifies the specific contractor establishment. If there is no DUNS number available that identifies the exect name and addrags entered in Block 1, contact Dun and Bradatreet Information Services at 1-800-333-0505 to get one free of charge over the telephone. Be prepared to avoide the following information: (1) Company name; (2) Company address: (3) Company telephone number; (4) Line of business; (5) Chilaf executive officer/key manager; (5) Date the company was started; (7) Number of people employed by the company; and; (8) Company affiliation.
- BLOCK 4: Check only one. Note that all subcontract award data reported on this form represents activity since the inception of the contract through the data indicated in this block.
- BLOCK 5: Check whether this report is a "Regular," "Final," and/or "Revised" report. A "Final" report should be checked only if the contractor has completed the contract or subcontract reported in Block 7. A "Revised" report is a change to a report previously submitted for the same period.
- BLOCK 4: Identify the department or agency administering the majority of subcontracting plans.
- ELOCK 7: Indicate whether the reporting contractor is submitting this report as a prime contractor or subcontractor and the prime contract or subcontract number.
- **ELOCK 8:** Enter the name and address of the Federal department or agency awarding the contract or the prime contractor awarding the subcontract.

- BLOCK 9: Check the appropriate block to indicate whether indirect costs are included in the dollar amounts in blocks 10s through 14. To ensure comparability between the goal and actual columns, the contractor may include indirect costs in the actual column only if the subcontracting plan included indirect costs in the goal.
- PLOCKS 10s through 16: Under "Current Goal," enter the dollar and percent goals in each category (SB, SDB, WOSB, VOSB, service-disabled VOSBs, and HUBZone SB) from the subcontracting plan approved for this contract. (If the original goals agreed upon at contract award have been revised as a result of contract modifications, enter the original goals in Block 16. The amounts entered in Blocks 10s through 15 should reflect the revised goals.) Under "Actual Currulative," enter actual subcontract achievements (dollar and percent) from the inception of the contract through the date of the report shown in Block 4. In cases where indirect costs are included, the amounts should include both direct awards and an appropriate provided portion of indirect awards.
- BLOCK TOs: Report all autocontracts awarded to SBs including subcontracts to SDBs, WOSBs, VOSBs, service-disabled VOSBs, and HUBZone SBs. For DOD, NASA, and Coast Guard contracts, Include autocontracting awards to HBCUs and Mbs.
- BLCICK 10b: Report all subcontracts awarded to large businesses if Rul.
- **BLOCK 10c:** Report on this line the total of all subcontracts awarded under this contract (the sum of lines 10s and 10b).
- BLDCKS 11 through 18; Each of these items is a subcategory of Block 10s. Note that in some cases the same dollars may be reported in more than one block (a. g., 808s owned by women or veterane).
- BLOCK 13: Report all subcontracts awarded to SDBs fincluding mornin-overled, veteran-overled, service-disabled VCSBs, and HUEZone SB SDBs). For DOD, NASA, and Coast Guard contracts. Include subcontract awards to HBCUs and Mis.
- BLOCK 12: Report all subcontracts awarded to Women-Owned firms (including SDBs, VOSB's, service-disabled VOSBs, and HUBZons 65s owned by women).
- BLOCK 13 (For contracts with DoD, NASA, and Coast Guard): Report ell subcontracts with HBCUs/Mis. Complete the column under "Current Gost" only when the subcontracting plan establishes a gost.
- **BLOCK 14:** Report all subcontracts awarded to HUBZone S8s (including women-owned, veteran-owned, service-disabled VOSBs, and S0B HUBZone S8s).
- BLOCK 18: Report all subcontracts awarded to VOSBs including service-disabled VOSBs (include VOSBs that are also SDBs, WOSBs and HUBZene SBs.).
- **BLOCK 18:** Report all subcontracts awarded to service-disabled veteran-owned S8 concerns that are also SDBs, WOSBs, and HUBZone SBs.
- BLOCK 17: Enter a short nametive explanation if (a) SB, SDB, WOSB, VOSBs, Service-Disabled VOSBs, or RUBZone SB accomplishments fall below that which would be expected using a straight-line projection of goals through the period of contract performance; or (b) if this is a final report, any one of the three goals was not met.

### DEFINITIONS

- Direct Subcontract Awards are those that are identified with the performance of one or more specific Government contractio).
- Indirect costs are those which, because of incurrence for common or joint purposes, are not identified with specific Government contracts; these awards are releted to Government contract performance but remain for ellipsation after direct awards have been determined and identified to specific Government contracts.

### DISTRIBUTION OF THE REPORT

### For the Awarding Agency or Contractor:

The original copy of this report should be provided to the contracting officer at the agency of contractor identified in Block 8. For contracts with DOD, a copy should also be provided to the Defence Contract Management Agency (DCMA) at the cognizent Defence Contract Management Area Operations (DCMAO) office.

### For the Small Business Administration (SSA):

A copy of this report must be provided to the cognizant Commercial Market Representative (CMR) at the time of a compliance review. It is NOT necessary to mail the SF 294 to SBA unless specifically requested by the CMR.

STANDARD FORM 294 (REV. 9/2001) PAGE 3

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### GENERAL INSTRUCTIONS

- 1. This report is not required from emet businesses.
- 2. This form collects subcontract award date from prime contractors/subcontractors that: [a] hold one or more contracts over \$5,00,000 (over \$1,000,000 for construction of a public facility); and [b) are required to report subcontracts awarded to Small Business (\$50), Small Deschantegod Business (\$500, Women-Owned Small Business (\$508), Versens-Owned Small Business (\$508), Service-Deschled Veteran-Owned Small Business, and HUBZone Small Business (HUBZone Small Business (HUBZone SS) concerns under a subcontracting plan. For the Department of Defense (DDD), the National Aeronautics and Space Administration (NASA), and the Coast Guard, this form also collects subconfrect award data for Historically Black Colleges and Universaties (HBCUs) and Minority Instrutions [Mis).
- 3. This report must be submitted semi-semusity (for the six months ended March 31st and the twelve months ended September 30th) for contracts with the Department of Defense (DOD) and enually (for the twelve months ended September 20th) for contracts with division agencies, except for contracts covered by an expressed Commercial Plan (see special instructions in right-hand column). Reports are due 30 days effect the close of each reporting period.
- 4. This report may be submitted on a corporate, company, or aubdivision (e.g., plant or division operating on a separate profit center) basis, unless otherwise directed by the agency awarding the contract.
- 5. If a prime contractor/subcontractor is performing work for more than one Federal agency, a separative report shall be submitted to each agency to overing only that agency's contracts, provided a least one of that agency's contracts is over \$500.000 (over \$1,000,000 for construction of a public facility) and contains a subcontractors plan. (Note that 000 is considered to be a single agency; see next instruction.)
- d. For DOD, a commissional report about the submitted for all contracts awarded by military departmental agencies and/or automytimate awarded by DOD prime contraction. However, DOD contractors involved in construction and related maintenance and report must automit a separate report for each DOD component.
- Only subcontracts involving performance in the U.S. or its outlying areas should be included in this report.
- 8. Parabase from a corporation, unargancy, or matchinion that is an efficient of the primaryahanetrapter are  $\exp$  included in this report.
- Subcontract award data reported on this form by prime contractors/autocontractors shall be limited to awards made to their immediate subcontractors. Credit opened in taken for extends made to beyon the automateur.
- 10. See special irutructions in right-hand column for Commercial Plans.

### SPECIFIC INSTRUCTIONS

- ELOCK 2. For the Contractor Identification Number, enter the nine-digit Octe Universal Numbering System (DUNS) number that Identifies the specific contractor establishment. If there is no DUNS number available that Identifies the exact number and address entered in Block 1, contact Dun and Breattrest Information Son rions and 1-800-333-0505 to get one free of charge over the telephone. Be prepared to provide the following Information: (1) Company name; (2) Company address; (3) Company relephone number; (4) Line of business; (5) Chief executive officer/key manager; (6) Date the company was started; (7) Number of people employed by the company; and (8) Company affiliation.
- **ELOCE 4:** Check only one. Note that Merch 31 represents the six months from October 1st and that September 30th represents the twelve months from October 1st. Enter the year of the reporting period.
- **BLOCK 6:** Check whether this report is a "Reguler," "Final," and/or "Revised" report. A "Final" report should be checked only if the contraster has completed all the contraster has completed all the contraste. A "Revised" report is a change to a report previously submitted for the same period.
- **BLOCK 6:** Identify the department or agency administering the majority of autocontracting plans.
- ELOCE 7: This report encompasses all contracts with the Federal Government for the agency to which it is submitted, including subcontracts received from other large businesses that have contracts with the same agency. Indicate in this block whether the contractor is a prime contractor, subcontractor, or both (check only one).
- ELDCK 6: Check early one. Check 'Commercial Plan' only if this report is under an approved Commercial Plan. For a Commercial Plan, the contractor must specify the percentage of dollars in Blocks. 10s through 15b artiflutable to the agency to which this report is being submitted.
- BLOCK 9: Identify the major product or service lines of the reporting organization.
- BLOCKS 10s through 10: These entries must include all subcontract awards resulting from contracts or subcontracts, regardinas of dollar amount, received from the agency to which this report is submitted. If reporting as a subcontractor, about all subcontractor, about all subcontractor, amounts must include both direct awards and an appropriate proressed portion of indirect awards. (The indirect portion is based on the percentage of work being performed

for the organization to which thereport is being submitted in relation to other work being performed by the piece contractor/subcontractor. I Do not include swards made in support of commercial business unless "Commercial" is thesized in Block fees Special Instructions for Commercial Plans in right hand column. Report only those dollars subcontracted this fiscal year for the period indicated in Block 4.

**MLOCK 10s:** Report all subcontracts awarded to SBs including subcontracts to SDBs, WOSBs. VOSBs. Service-Disabled VOSBs, and HUBIZone SBs. For DOD. NASA, and Coset Guard contracts, include subcontracting awards to HBCUs and Alls.

BLOCK 10b: Report all subcontracts awarded to large businesses (LBs).

**BLOCK 10**0: Report on this line the grand total of all subcontracts Ithe sum of lines 10s and 10b).

MICCES 13 through 16: Each of these items is a subcetegory of Block 10s. Note that as some cases the same dollars may be reported in more than one block le.g., SOBs owned by women); Skewise subcontracts to HBCUs or Mis should be reported on both Block 11 and 13.

BLOCE 11: Report all subcontracts awarded to SDBs including woman-owned, vertran-owned, service-disabled VOSBs, and HUBZone SB SDBs). For DOD, NASA, and Coart Guard contracts, include subcontract awards to HSCUs and Mis.

BLOCK 12: Report all subcontracts awarded to WOSB firms (including SDBs, VOSBs, service-disabled VOSBs, and HUBZons SBs owned by women).

BLOCK 13: (For contracts with OCO, NASA, and Coast Guard): Enter the dollar value of all subcontracts with HBCUs#Mls.

BLOCK 14: Report all subcontracts awarded to HUBZone S8s (including women-gwned, veterar-owned, service-disabled VOSBs, and SD8 HUBZone S8s).

BLOCK18; Report all subcontracts awarded to VOSBs (Including women-owned, SDB, and HUBZons SB VOSBs).

BLOCK 18: Report all subcontracts awarded to service disabled VOSBs (Including Service-Disabled Vaseran Owned Small Business Concerns that are SDBs, WOSBs, and HUSZone SBs). These subcontracts should also be reported in Block 15.

#### SPECIAL INSTRUCTIONS FOR COMMERCIAL PLANS

- This report is due on October 30th each year for the previous fiscal year ended.
- 2. The annual report submitted by reporting organizations that have an approved company-wide extual subcontracting plan for commercial items shall include all subcontracting activity under commercial plans in effect during the year and shall be material in exhibition to the required reports for other-than-commercial Rema, if any.
- 3. Enter in Blocks 10a through 15b the total of all subcontract awards under the contractor's Commercial Plan. Short in Block 5 the parameters of this total that is stributable to the agreer to which this report is being extended. This report must be submitted to each against for which contracts for commercial items covered by an approved Commercial Plan were received.

### DEFENTIONS

 Direct Subcontract Awards are those that are identified with the performance of one or more specific Government contract(s). --

Indirect Subcontract Awards are those which, because of incurrence for common or joint purposes, are not identified with specific Government contracts; these awards are related to Government contract performance but remain for allocation effort direct awards have been determined and identified to specific downrawent contracts.

### BURNITTAL ADDRESSES FOR ORIGINAL REPORT

For DOD Contractors, send reports to the cognizent contract administration office as stated in the contract.

For Civilian Agency Contractors, send reports to awarding agency:

- NASA; Forward reports to NASA, Office of Procurement IHSJ, Washington, DC 20546
- OTHER FEDERAL DEPARTMENTS OR AGENCIES: Forward report to the OSORU Director unless otherwise provided for in instructions by the Department or Agency.

### FOR ALL CONTRACTORS:

SMALL BUSINESS ADMINISTRATION (SBA): Send "info copy" to the cognizant Commercial Market Representative (CMRI at the address provided by SBA. Call SBA Headquarters in Weshington, OC at (202) 205-8475 (or correct address if technology.

# Attachment 3(C)

Subcontracting Plan

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## SAMPLE WAGE / PRICE ADJUSTMENT SPREADSHEET

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CATEGORY 5		
Base Wage		15.00
FICA	7.65%	1,11
State Unemploym	FIXED	0.00
Federal Unemploy	FIXED	0.00
Workers Compen	2.53%	0.37
General Liability	FIXED	0.20
G&A	FIXED	0.99
Profit	FIXED	0.61
		\$18.28

Section J - Attachment 3D

### Form must be printed in LANDSCAPE mode. Click of JINT, then PROPERTIES, and select "LANDSCAPE".

## Travel Voucher Summary

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6 Approval Note: Falshication of	en flem in an expense account works a	forfeiture of claim (28 U.S.0	2514) and may result	In a fine of not mo	re than \$10,00	C or Imprisonment for not more	than 5 years or both (10	U.S.C. 26, 1 d 1001)
Traveler Sig		1	Approving Official		•	1	ng Official Sign Hen	
I certify that this voucher is true and coll	ect to the best of my knowledge and	The amounts dained on	Bill waters are approved o	_	ı, which appear		Ted conect and proper t	
belief and that payment or crecit has not Date;	open received by me.	to be removeable for the te Date:	эми ратожно.			Date:		
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FS/FASSG November 7, 1995; USAB Autompted 3/00

Section J - Attachment 3(E)

Daily Expense Report Summary

Enter expenses in categories provided below. Enter other expenses on Box 6 on page 1.

Travel Day	ST	City/ County	Lodging	MåtE	Mileage	Car Rental	ATM Fee	Taxl/ Llmo	Business Calls	Personal Çalis	Parking	Optional Comments
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## Travel Authorization / Advance

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By Privately Owne		authorizing official	í 	4			-			+			
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Government		lodging plus med	els and	Foreign travel					Transpor	tation (des	cribe):		
Common Car		GSA Location Ra		-	Must be	approve		other Ame					
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\$ Mileage Rate	(Reduced Rate)  (Reduced Rate)  (Ex.: \$.35 = 35 cents)						Departure Date						
Other							Return Date Advance An (See Box 9					•	
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	6. Other Auti	horizations					7.	Advance	Disburse	ment		Draft Si	íte
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2. Use of foreign ( carrrier	rea ∐	3. Leave in conjuncti with travel	lon	Address									
4. Other Descripti	llon	<del></del>		Addn									
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Justification (if appropriate)													
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You are authorized to to		ordance wi	th DO	) travel	regulatio	ma, undar t	ha conditi	ons outline Traveler		uthoriza	tion.		
Advance Authorized as	Artherizer Advance Authorized as described in Box 5						**						
Authorizer:	Authorizer:						ice of:						
Authorizer Signature:_	uthorizer Signature:						y:					):	
A voucher must be sub	eted or	r monthi	ly for per	reconstin a c	ontinuous	 travel eta	hış.						

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FC	)RE)	(PENDITURES ON	USMS-				3. SCHED	ULE NUMBE	R		
	OFFI	CIAL BUSINESS					<u> </u>				
		Read the Privacy Act	Statement of	on Page 2 of this fo			\$. PAID B	Y			
	ME (La	st, Brat, middle Initial)			b. SOCIAL BECUR	TY NUMBER					
CLAIMANT	JUNG A	DORESS (Include ZIP Code)		<del></del>	d. OFFICE TELEPI	KONE NUMBER	$\forall$				
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nectorary the approx	in the it	tienest of the Government, (Note: sel must have been euthorized, in wicy to an certify (31 U.S. C. 889a)	If long distance writing, by the	calls are included.	beinf and their pays PAYMENT DES	meni or credit hi RED EL	H not been re ECTRONIC	PAYMENT	<b>)</b> .		
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- · · · · ·	- 11 - 11	Sign Original Only						•	c. AMOUNT		
AUTHORIZE CERTIFYIN OFFICER MORINERE	•		•	DATE	12. PAYMENT MA	DÉ BY CHECX		<u> </u>			
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STANDARD FORM 1184 (REV. 11-77) Prescribed by GSA, FPMR (CFR 41) 101-7 Automated 12/90

### 8. EXPENDITURES . Confd.

DATE	0008	Show appropriate code in col. (b): A - Local travel B - Telephone or telegraph, or C - Other Expenses (Itemized)  [Explain expenditures in specific detail.]		MILEAGE RATE (dollars)	AMOUNT CLAIMED					
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(These numbers will automatically appear on Page 1)

In compliance with the Privacy Act of 1 974, the following information is provided: Solicitation of the information on this form is authorized by 5 U.S.C. Chapter 57 as implemented by the Federal Travel Regulations (FPMR 10 1 -7), E. D. 1 1 609 of July 22, 1 971, E.O. 11 012 of March 27, 1962, E. D. 9397 of November 22, 1 943, and 25 U.S.C. 501 (b) and 51 99. The privacy purpose of the requested information is to determine payment or reimbursement to eligible kidwidness for allowable travel and/or other expenses incurred under appropriate administrative authorization and to record and maintain costs of such reimbursements to the Government. The information will be used by Federal agency officers and employees who have a need for the information in the performance of their afficial duties. The information may be disclosed to appropriate Federal, Statis, local, or foreign agencies, when relevant to civil, criminal, or regulatory investigations or prosecutions, or when pursuant to a requirement by this agency in connection with the hiring or firing of an employee, the issuance of a security clearance, or investigations of the performance of official duty while in Government earthor of the performance of official duty while in Government earthor of the information (statistical conduction of the performance of official duty while in Government E.O. 9397, November 22, 1 943, for use as a tax payer and/or employee identification number; disclosure is MANDATORY on vouchers claiming payment or reimburgement which is, or may be, taxable income. Disclosure of your SSN and other requested information is voluntary in all other instances; however, failure to provide the information (other than SSN) required to

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PRIVACY ACT STATEMENT

The information requested on this form is required under the provisions of 31 U.S.C. 82b and 82c, for the purpose of disbursing Federal money. The information requested is to identify the particular creditor and the emounts to be petd. Failure to turnish this information will hinder discharge of the payment obligation.

SF-1034 Automated 01/01

## Continuation Sheet for 81-1034

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PRIVACY ACT STATEMENT

The information requested on this form is required under the provisions of 31 U.S.C. 825 and 82c, for the purpose of disbursing Federal money. The information requested is to identify the particular creditor and the emounts to be paid. Failure to furnish this information will hinder discharge of the payment obligation.

SF-1034 Automated 01/01

	CSO INCIDENT I	REPORT	
Report Date	Reporting District	Reported By	
Type of Incident	:		
			<u></u>
DESCRIPTION	OF INCIDENT;		
Site Supervisor/Le	ad CSO	Witness By	
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## COURT SECURITY OFFICER MONTHLY ACTIVITY REPORT

I. CONTRACTOR'S INFORMAT	ION:		· · · · · · · · · · · · · · · · · · ·	3.		REPORTING PER	IOD
Name					Month	Dav	Year
Address							
City		·		4.		DATE SUBMITT	ED
State					Month	Das	teur
Zip Code							1
Office Telephone Number		· · · · · · · · · · · · · · · · · · ·		5.		JUDICIAL CIRC	UTT TO
Fax Telephone Number		-		_			
Internet Address							
2. CONTRACTOR'S INFORMAT	ION:			6.		DISTRICT	
Contract Manager			<del>-</del>	_			
Site Supervisor(s) / District(s)							
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				8.	CONTRA	CT PERFORMAN	CE PERIOD
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		9. CONTRACTOR'S	SIGNATURE				
1 hereby certify that the information property of the info		and accurate to the best of m	y knowledge.				
SIGNATURE OF AUTHORIZED COMI	PANY OFFICIAL		DATE				

Section J. - Attachment 3(K) 128MS 09006

	IRCUIT SUMMARY				Reporting Per			
ontract Numb	er:							
District		Number 6	f Authorized	Pasitions	Monthly Activity			
No.	District	Full-time	Shared		Fiscal Year Enhancements	Current Vacancies	Authorized Transfers	Comments
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Section J. - Attachment 3(K) Usins ngap

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Section J. - Attachment 3(K) (ISMS 0990)

Contract .	Number:	· · · · · · · · · · · · · · · · · · ·				Reporting Period:		
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TOTAL N	MBER OF VACA	ANCIES INCURRED THIS MONTH:						
TOTAL N	MBER OF VACA	ANCIES FILLED THIS MONTH:						
OTAL NI	MBER OF VACA	ANCIES REMAINING THIS MONTH:						

L Section J - Attachment 3(X) 15/3(8 09:00

ontract	Number:			Reporting Period:							
	Facility	Total Number	Type of Position		Task Order Receipt	Contract Document	CSO Package	CSO Package			
istrict	Code	Enhancements Received	Full-time	SI or S2	Date	Reference Number	Due On:	Sent On:			
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TAL N	UMBER OF EN	HANCEMENT RECEIVED 141	S MONTH:	<u> </u>							
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Section J. - Attachment 3(K) 13 MS 09/00

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	Facility		Employme	nt Status	Official Reporting		Will Fill a:	
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SECTION VI -	OVERTIME	•			
Contract Nur	nber:			Reporting Period:	
OVERTIME COL				···	
В		ITY OF COURT OPERATION NOT Explanation is required when this co		IIVITY	
	Date Overtime	Name of Government	Name of the	Joial Flours Worked	<b>Justification</b> Select the ende that has described the reason for the accordine. In addition, if the accordine effort was not notwell by
Authorization Date	Worked	Official Authorizing O/T	CSO Authorized to Work	Total Hours worken	Shired CSO personed, plane explain his measurance is maniform, if the institution office with our nothing the Shired CSO personed, plane explain why.
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				SUMMARY OF OVE	KTIME WORKED
TOTAL NUMBE	R OF O/T HOURS WO	ORKED LAST MONTH:			
TOTAL NUMBE	R OF O/T HOURS TH R OF O/T HOURS WO	HS MONTE: DRED DURING THIS CONTRAC	T PERIOD:		
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ECTION VII - ' ontract Numbe	r:														
Travel Authorization	Travel Pe	rod	Name of Government Official Authorizing	Name of Employee		Originated	<u> </u>								
Date	From	To	Travel	Authorized to Travel	From:	To:	Purpose of Travel								
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tract Number:		Reporting Period:
Date Accident Occurred	Details	Comments (Ехрвин response or использавил 10 ретеп) разритансе инсегнутов 1
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Section J. - Attachment 3(K) (25YS 09/90)

SECTION X - WORKHOURS	
Contract Number:	Reporting Period:

## \_\_\_\_ Judicial Circuit - Fiscal Year 2002

				MONT	HLY S	TATIS	TICS C	F HOU	RS WC	RKED			
District	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	REPORT CUMULATIVE TOTAL
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TOTAL								[					

	ANNUAL STATISTICS OF ACTUAL HOURS WORKED											
District	District No.	Site Supervisors	CSO Positions	Contract Hours (Based on 2008 hes/position)	CUMULATIVE HOURS WORKED							
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TOTAL				0								

SECTION XI -	BILLING IN	FORMATION					<del></del>								
Contract Numb	ng Period:														
	Judicial Circuit  Fiscal Year 2002  Total Monthly Billing  Cumulative Total														
District															
October	s	\$	\$	\$	\$	s	s								
November	s	s	\$	s	\$	s	\$								
December	s	s	\$	\$	<u> </u>	3	8								
January	s	s	\$	\$	\$	\$	\$								
February	\$	\$	s	\$	s	\$	\$								
March	\$	\$	\$	s	s	s	s								
April	s	s	s	\$	s	\$	s								
May	s	s	\$	s	s	\$	s								
June	\$	\$	\$	s	\$	s	\$								
July	\$	\$	\$	s	s	s	\$								
August	\$	\$	\$	\$	s	s	\$								
Sentember	s	\$	s	· ·	ę	- C	6								

TOTAL:

	SECTION XII - MONTHLY HOURS WORKED																																	
Contra	Contract Number: Circuit:																		Rep	ortin	ıg Pe	riod:												
District																										_								
Facility																																		
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